

DATE _____

SPECIFIC:

1. If this note is designated SPECIFIC, the disbursing officer is requested to verify the item(s), noted below, by checking with the applicable records, and to effect properly substantiated corrections or adjustments.

2. The disbursing officer effecting corrections is requested *to return one copy of this form to the originating office*, endorsed to indicate the corrective action taken. The original of this form, bearing corrective action taken, will be retained in the disbursing office files. *If the*

individual concerned has been transferred, forward the original and copy of this form to the member's next duty station and advise the originating office.

ADVISORY:

1. If this note is designated ADVISORY, the disbursing officer is requested to institute appropriate corrective action with respect to the items noted. No reply is required. However, these items will be reviewed during subsequent administrative examinations.

TO

TYPE OF NOTE

☐ SPECIFIC

☐ ADVISORY

☐ ON-SITE

T
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F
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D

DESCRIPTION OF DISCREPANCY OR ERROR

F
R
O
M
F
O
L
D

REPLY:

FROM (Complete mailing address to be inserted by originating activity)

REF(S):

RESP:	D	P	OD	OP	U